

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571426

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3	2		1			
4	(1)		1			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	(1)		1			
12	(1)		1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	1		1			
19	1		1			
20	2		1			
21	2		1			
22	(1)		1			
23	(1)		1			
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50						
TOTAL IND.	2		2			
TOTAL DEP.	25	←	22	←	←	
TOTAL CLAIMS	27	[REDACTED]	24	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			↓	←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	←